

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER** Employer identification number **06-0646813**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		<input checked="" type="checkbox"/>
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		14,904	6,255,153.		6,255,153.	.88%
b Medicaid (from Worksheet 3, column a)		38,087	38,240,198.		38,240,198.	5.35%
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,872,043.		6,872,043.	.96%
d Total Financial Assistance and Means-Tested Government Programs		52,991	51,367,394.		51,367,394.	7.19%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		69,768	3,230,058.		3,230,058.	.45%
f Health professions education (from Worksheet 5)		1,565	25,709,672.	9,313,907.	16,395,765.	2.30%
g Subsidized health services (from Worksheet 6)		5,441	759,270.		759,270.	.11%
h Research (from Worksheet 7)			1,564,900.		1,564,900.	.22%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		3,352	535,770.		535,770.	.08%
j Total. Other Benefits		80,126	31,799,670.	9,313,907.	22,485,763.	3.16%
k Total. Add lines 7d and 7j		133,117	83,167,064.	9,313,907.	73,853,157.	10.35%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>11</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: N/A

PART I, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

PART I, LINE 6A: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. THIS REPORT IS AVAILABLE ON THE SAINT FRANCIS HOSPITAL WEBSITE.

Part VI Supplemental Information

PART I, LINE 7: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER USES A COST ACCOUNTING SYSTEM WITHIN THE DECISION SUPPORT SYSTEM PRODUCT. IT IS A FULLY ABSORBED COSTING SYSTEM USING REMAPS OF EXPENSE AND REVENUES WHERE NEEDED. INDIRECT, OR OVERHEAD, COSTS ARE ALLOCATED USING STATISTICS IN ORDER TO ALLOCATE THE COSTS TO THE REVENUE PRODUCING DEPARTMENTS. THE METHOD OF ALLOCATING DOLLARS TO THE CHARGE ITEMS IS CURRENTLY PRIMARILY BASED ON A RCC METHOD USING OUR CHARGE ITEM PRICE AS THE DRIVER. WE HAVE INTERSPERSED SOME NATIONAL RVU'S FROM THE CMS FEE SCHEDULE TO MANY DEPARTMENTS AS WELL AS USING COSTS TO HELP ALLOCATE OUR PHARMACY AND SUPPLY EXPENSES. ALL CHARGE ITEMS OBTAIN A COST AND ALL PATIENT SEGMENTS ARE FULLY COSTED.

PART II: THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS. SOME ARE SPECIFIC TO THE COMMUNITY SERVED AND OTHERS ARE MORE GLOBAL IN APPROACH, SUCH AS ADVOCACY WORK AND BOARD MEMBERSHIP IN LOCAL ORGANIZATION THAT PROVIDE CRITICAL SERVICES TO THOSE IN NEED.

PHYSICAL IMPROVEMENTS AND HOUSING

THE SAINT FRANCIS FOUNDATION ALSO MAKES CONTRIBUTIONS TO ORGANIZATIONS THAT FOCUS ON HOUSING IN THE HARTFORD COMMUNITY SUCH AS THE HOUSE OF BREAD (A HOMELESS SHELTER), HABITAT FOR HUMANITY, REBUILDING HARTFORD TOGETHER, AND HARTFORD COMMUNITIES THAT CARE. THE HOSPITAL IS ALSO INSTRUMENTAL IN A PROGRAM TO SUPPORT LEAD SAFE HOUSING FOR CHILDREN. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

ECONOMIC DEVELOPMENT

Part VI Supplemental Information

THE SAINT FRANCIS FOUNDATION MAKES CONTRIBUTIONS ON AN ANNUAL BASIS TO ENCOURAGE ECONOMIC DEVELOPMENT IN THE COMMUNITIES SERVED BY THE HOSPITAL. SOME EXAMPLES INCLUDE CONTRIBUTIONS TO CITY OF HARTFORD YOUTH SERVICES, THE CITY HEALTH AND HUMAN SERVICES DEPARTMENT, THE NORTHSIDE INSTITUTIONAL NEIGHBORHOOD ALLIANCE, THE HARTFORD BUSINESS JOURNAL, THE DRESS FOR SUCCESS FUNDRAISER, AND LEADERSHIP OF GREATER HARTFORD. ADDITIONALLY ADMINISTRATIVE STAFF AT SAINT FRANCIS SITS ON THE BOARDS OF A NUMBER OF ORGANIZATIONS THAT FOCUS ON THE ECONOMIC DEVELOPMENT OF OUR COMMUNITY, INCLUDING CREATING OPPORTUNITIES FOR YOUTH AND WORKING TO REDUCE VIOLENCE IN THE CITY. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

COMMUNITY SUPPORT

SAINT FRANCIS HOSPITAL IS INVOLVED IN A WIDE ARRAY OF COMMUNITY SUPPORT PROGRAMS AND INITIATIVES. THEY RANGE FROM DECREASING THE IMPACT OF VIOLENT CRIMES ON THE COMMUNITY TO ASSISTING WITH LITERACY TO FACILITATING AN UNDERSTANDING OF WHAT CAN BE DONE TO PREVENT DOMESTIC VIOLENCE OR CHILD ABUSE.

THE REACH OUT AND READ PROGRAM AT SAINT FRANCIS HOSPITAL IN HARTFORD CONNECTICUT IS DESIGNED TO IMPROVE EARLY LITERACY SKILLS OF YOUNG CHILDREN AND TO EDUCATE FAMILIES ABOUT THE IMPORTANCE OF READING TO THEIR CHILDREN. THE PROGRAM HAS THREE BASIC COMPONENTS: FIRST, TRAINED VOLUNTEERS READ TO CHILDREN IN THE WAITING ROOM TO MODEL TECHNIQUES FOR READING ALOUD; SECOND, EACH CHILD IS GIVEN A NEW BOOK AFTER EACH WELL CHILD VISIT AT 6 MONTHS, 12 MONTHS, 18 MONTHS, AND ANNUALLY AT 2-5 YEAR VISITS; AND THIRD, TRAINED PRIMARY CARE PROVIDERS PROMOTE EARLY LITERACY BY EXPLAINING THE IMPORTANCE OF READING ALOUD TO FAMILIES AND ENCOURAGING THEM TO DO IT

Part VI Supplemental Information

EVERY DAY. THE PROGRAM DISTRIBUTES OVER 1500 BOOKS PER YEAR TO CHILDREN. THE GOAL OF THE ROR PROGRAM AT ST. FRANCIS HOSPITAL AND MEDICAL CENTER IS TO INCREASE THE EXPOSURE OF YOUNG CHILDREN TO BOOKS AND TO READING AS AN ACTIVITY SO THAT THEY ARE READY FOR SCHOOL. ADDITIONALLY THE PROGRAM SEEKS TO EDUCATE PARENTS ABOUT THE IMPORTANCE OF READING AS AN ACTIVITY WHICH CAN IMPROVE LANGUAGE DEVELOPMENT AND ASSIST CHILDREN IN LEARNING THE SKILLS THEY NEED TO SUCCEED IN SCHOOL.

THE VISION OF THE VIOLENCE & INJURY PREVENTION PROGRAM IS: TO IMPROVE THE HEALTH AND OVERALL WELL-BEING OF THE PEOPLE IN OUR SHARED COMMUNITY BY DEVELOPING AND IMPLEMENTING SUSTAINABLE, INNOVATIVE PREVENTION AND RESEARCH INITIATIVES THAT REDUCE THE OCCURRENCE AND CONSEQUENCE OF VIOLENCE AND INJURY. THE PROGRAM INCLUDES INITIATIVES TO PROMOTE THE USE OF CAR SEATS TO PREVENT INJURY, INCREASING AWARENESS OF CHILD ABUSE AND STEPS THAT CAN BE TAKEN TO PREVENT IT, A DOMESTIC VIOLENCE TRAINING PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE RIGHT CHOICE IN RISKY SITUATIONS CALLED LET'S NOT MEET BY ACCIDENT. RESOURCES TO ADDRESS ELDERLY FALLS AND GENERAL INJURY PREVENTION AWARENESS ARE ALSO AVAILABLE.

LET'S NOT MEET BY ACCIDENT IS A COMPREHENSIVE EDUCATION PROGRAM TO ENCOURAGE TEENS TO MAKE HEALTHY DECISIONS IN RISKY SITUATIONS. IT IS PRESENTED BY THE VIOLENCE AND INJURY PREVENTION PROGRAM OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO THAT YOUTH CAN SEE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING. THE GOAL OF THE PROGRAM IS TO ENCOURAGE TEENS TO MAKE "HEALTHY CHOICES IN RISKY SITUATIONS". PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE

Part VI Supplemental Information

LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE COMBINED.

SAINT FRANCIS HOSPITAL & MEDICAL CENTER FURTHER DEMONSTRATES ITS COMMITMENT TO PREVENTION BY SUPPORTING THE CHILD ADVOCACY CENTER AND PARTICIPATING REGULARLY IN THE CHILD PROTECTION TEAM MEETINGS. THIS WORK FOCUSES ON ISSUES REGARDING CHILD ABUSE/NEGLECT & CHILD ABUSE PREVENTION. THESE, ALONG WITH OTHER SAINT FRANCIS PROGRAMS, INCREASE THE UNDERSTANDING OF THE PROBLEM OF CHILD ABUSE; SERVE AS A RESOURCE FOR PATIENTS, FAMILIES AND STAFF; AND FOSTER AN ENVIRONMENT THAT IS COMMITTED TO CHILD ABUSE PREVENTION. PREVENTION EFFORTS ARE THE KEY IN ENDING CHILD ABUSE. REACHING CHILDREN & FAMILIES BEFORE THEY ARE IN A CRISIS IS NEEDED. THE BEST WAY TO OFFER THIS IS THROUGH CREATIVE, CONCRETE PROGRAMS THAT OFFER SUPPORT AND SOLUTIONS TO THE COMPLEX PROBLEMS FACING TODAY'S CHILDREN AND FAMILIES.

THE HEALTHY START PROGRAM PROVIDES SUPPORT TO NEW MOMS BOTH DURING PREGNANCY AND DURING THE FIRST YEAR OF THEIR CHILD'S LIFE TO PREVENT INFANT MORTALITY. PARENTING SUPPORT, RESOURCE REFERRALS, AND HEALTH EDUCATION IS TAILORED TO EACH PATIENT'S NEEDS AND PROVIDED IN A ONE-TO-ONE SETTING. THE PROGRAM IS CO-LOCATED WITH THE OBGYN CLINIC AND STAFF WORK HAND IN HAND WITH OTHER PARENTING SUPPORT PROGRAMS SUCH AS MATERNAL AND INFANT OUTREACH PROGRAM, NURTURING FAMILIES AND FAMILY ENRICHMENT.

ENVIRONMENTAL IMPROVEMENTS

SAINT FRANCIS PLAYS A CRITICAL ROLE IN THE DISASTER PLANNING FOR THE CITY OF HARTFORD. THIS WORK INVOLVES A VARIETY OF COLLABORATIVE EFFORTS TO IMPROVE READINESS FOR DISASTER RESPONSE. THE HOSPITAL CONTRIBUTES

Part VI Supplemental Information

SIGNIFICANT RESOURCES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE.

LEADERSHIP DEVELOPMENT

IN THE AREA OF LEADERSHIP DEVELOPMENT AND TRAINING SAINT FRANCIS FOCUSES ON AREAS OF EXPERTISE IN PASTORAL COUNSELING TRAINING. CLASSES ARE HELD ON A REGULAR BASIS TO ASSIST RELIGIOUS LEADERS OF ALL DENOMINATIONS TO PARTICIPATE IN PASTORAL WORK THROUGHOUT THE COMMUNITY. ADDITIONALLY, A FORMAL INTERNSHIP PROGRAM IS PROVIDED THROUGH THE CHAPLAINCY PROGRAM AT SAINT FRANCIS WHICH PROVIDES INTERNSHIP TRAINING TO CHAPLAINS ON AN ON-GOING BASIS.

CLINICAL PASTORAL EDUCATION (CPE) IS AN INTERFAITH PROFESSIONAL EDUCATION PROGRAM FOR MINISTRY. IT BRINGS THEOLOGY STUDENTS, CLERGY OF ALL FAITHS, AND QUALIFIED LAY PEOPLE INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. PARTNERS IN CPE IS A UNIQUE PROGRAM CO-SPONSORED BY MERCY COMMUNITY HEALTH AND SAINT FRANCIS HOSPITAL & MEDICAL CENTER, TWO FAITH BASED ORGANIZATIONS. THE MISSION, CORE VALUES, AND VISION OF PARTNERS IN CPE INSTITUTIONS EMPHASIZE THE SPIRITUAL WELL-BEING OF PATIENTS, THEIR LOVED ONES, AND STAFF.

THE WORK OF PASTORAL COUNSELING RELIES HEAVILY ON THE BRANCH OF PSYCHOLOGY THAT HONORS BLENDING SOUND CLINICAL INSIGHT WITH MEANINGFUL FORMS OF SPIRITUALITY IN EVERYDAY LIFE. CLASSES MOST OFTEN REFERENCE EXAMPLES OR "CASE STUDIES" (WITHOUT SPECIFIC REFERENCE TO ANY PARTICULAR NAME) TO GROUND THE COUNSELING SKILLS IN PRACTICAL MINISTRY. PARTICIPANTS ARE ENCOURAGED TO THOUGHTFULLY BRING THEIR SPIRITUAL AND RELIGIOUS ORIENTATION AND BELIEFS INTO THE CLASS TO CONSIDER HOW THEY CARE FOR THE SOUL WITH THEIR UNIQUE TRADITIONS. PARTICIPANTS ARE INTRODUCED TO IMPORTANT

Part VI Supplemental Information

CLINICIANS IN THEIR LOCAL COMMUNITY TO WHOM THEY CAN RELY UPON WHEN
NEEDED. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE
COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

COALITION BUILDING

IN THE AREAS OF COALITION BUILDING FORMAL PARTICIPATION IN LOCAL
COALITIONS SUCH AS THE NORTH END INSTITUTIONAL NEIGHBORHOOD ALLIANCE,
THE COMMUNITY YOUTH VIOLENCE COALITION AND OTHERS TAKE PLACE ON A
REGULAR BASIS. IN ADDITION, INFORMAL PARTNERSHIPS AND COLLABORATIVE
RELATIONSHIPS WITH NUMEROUS COMMUNITY ORGANIZATIONS FACILITATE THE
BUILDING OF STRONG PARTNERSHIPS AND COALITIONS THAT WORK TO ADDRESS A
MYRIAD OF PUBLIC HEALTH ISSUES FACING THE POPULATION SERVED BY SAINT
FRANCIS HOSPITAL.

SAINT FRANCIS IS A MEMBER OF THE CHA FALLS PROTECTION COLLABORATION
WHICH IS A MULTIFACETED, MULTIDISCIPLINARY FALL PREVENTION PROGRAM THAT
REACHES OLDER ADULTS VIA THE EXISTING HEALTH CARE SYSTEM AND COMMUNITY
ORGANIZATIONS. A PRIMARY CONSEQUENCE OF FALLING IS FRACTURE, WHICH MAY
LEAD TO SIGNIFICANT CHANGES ON AN OLDER PERSON'S QUALITY OF LIFE,
EVERYDAY FUNCTIONING & INDEPENDENCE. FALLS IN THE ELDERLY CAN ALSO HAVE
A LARGER IMPACT ON HEALTH CARE SERVICES AND OUR LARGER SOCIETY. IN AN
EFFORT TO HELP PREVENT FALLS & RAISE AN AWARENESS OF SAFETY IN EVERYDAY
ACTIVITIES, THE PROGRAM FOCUSES BOTH ON THE ACTIONS THAT CAN BE TAKEN
IN THE HOSPITAL SETTING AND AT HOME, AFTER DISCHARGE, SO THAT PATIENTS
LEARN THE BEHAVIORS THAT CAN HELP TO PREVENT FALLS.

EXECUTIVE STAFF AT SAINT FRANCIS IS EXPECTED TO PARTICIPATE IN
COMMUNITY IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING

Part VI Supplemental Information

SMALL NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND
IN-KIND SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE.

IN THE AREA OF WORKFORCE DEVELOPMENT, SAINT FRANCIS PARTNERS WITH LOCAL
NURSING SCHOOLS TO TRAIN NURSING STAFF TO ADDRESS AREAS OF HIGH NEED
THROUGH OUT THE COUNTY. WORK IN THIS AREA ALSO INCLUDES PROVIDING
INTERNSHIP OPPORTUNITIES FOR COLLEGE STUDENTS AS WELL AS HIGH SCHOOL
STUDENTS DURING THE SUMMER MONTHS TO EXPOSE THEM TO THE TYPE OF WORK
THAT CAN TAKE PLACE IN A HOSPITAL SETTING. SAINT FRANCIS PARTNERS WITH
THE CAPITOL REGION EDUCATIONAL COUNCIL'S HEALTH EDUCATION PROFESSIONALS
ACADEMY FOR TRAINING HIGH SCHOOL STUDENTS ABOUT THE MANY OPPORTUNITIES
IN THE FIELD OF HEALTH. MASTERS AND PHD LEVEL STUDENTS ARE ALSO
RECRUITED FROM A VARIETY OF LOCAL UNIVERSITIES AND COLLEGES TO
PARTICIPATE IN A VARIETY OF PROJECTS SO THAT THEY BETTER UNDERSTAND THE
OPPORTUNITIES AVAILABLE IN THE WORKPLACE. FINALLY, CLASSES AND SUPPORT
ARE OFFERED TO SUPPORT STAFF'S PARTICIPATION IN EDUCATIONAL PROGRAMS
THAT ENABLE RNS TO BECOME BSNS IN ORDER TO IMPROVE THEIR EARNING POWER
AND KNOWLEDGE BASE, AND ABILITY TO CONTINUE THEIR EDUCATION. SAINT
FRANCIS OFFERS A WIDE ARRAY OF SUPPORT IN THE AREA OF WORKFORCE
DEVELOPMENT AND HAS A LONG HISTORY OF DOING SO.

ADVOCACY FOR HEALTH IMPROVEMENTS

ADVOCACY WORK AT SAINT FRANCIS IS DONE BY THOSE WITH HIGH LEVEL
EXPERTISE IN AN AREA OF HEALTH CARE TO WHICH THEY CAN SPEAK WITH BOTH
KNOWLEDGE AND CONVICTION. SOME EXAMPLES OF STAFF WHO HAVE BEEN ENGAGED
IN ADVOCACY WORK IN THE PAST INCLUDE:

DR. MARCUS MCKINNEY HAS DEVELOPED AN EXPERTISE IN HEALTH DISPARITIES

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AND IS INVOLVED WITH COLLABORATIONS AT THE STATE AND NATIONAL LEVEL TO ADDRESS THIS ISSUE. ADDITIONALLY, CHRISTOPHER DADLEZ HAS IDENTIFIED HEALTH DISPARITIES AS AN AREA OF INTEREST AND IS ACTIVE IN ADVOCACY WORK ON THIS ISSUE.

DR. LUIS DIEZ-MORALES IS VERY INVOLVED IN THE MALTA HOUSE OF CARE, A NON-PROFIT ORGANIZATION THAT PROVIDES CLINICAL SERVICES FREE OF CHARGE TO IMMIGRANTS IN THE CITY OF HARTFORD. THE ORGANIZATION'S WORK INCLUDES ADVOCATING ON BEHALF OF THIS POPULATION AND IS WELL RESPECTED THROUGHOUT SAINT FRANCIS AND AT THE STATE LEVEL.

DR. GREGORY MAKOUL IS A NATIONALLY KNOWN EXPERT ON HEALTH COMMUNICATIONS. HE HAS PUBLISHED MANY ARTICLES ABOUT THIS ISSUE AND SERVES AS THE ACADEMIC OFFICER OF SAINT FRANCIS HOSPITAL. HIS WORK FOCUSES ON MAKING IMPROVEMENTS TO COMMUNICATION BETWEEN PROVIDERS AND PATIENTS SO AS TO IMPROVE CARE.

PART III, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

Part VI Supplemental Information

PART III, LINE 8: NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY
BENEFIT. THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST
REPORT.

PART III, LINE 9B: SEE PART III, LINE 4

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 1J: THE HOSPITAL AUGMENTED THE CHNA COMPLETED IN
MARCH 2012 IN PARTNERSHIP WITH THE OTHER HOSPITALS IN HARTFORD WITH
INFORMATION FROM QUESTIONNAIRES WITH PATIENTS; FOCUS GROUPS WITH COMMUNITY
MEMBERS AND INTERVIEWS WITH HEALTH CARE PROVIDERS SO AS TO GAIN A MORE
COMPREHENSIVE PICTURE OF THE NEEDS AS WELL AS THE PRIORITIES. IT WAS
APPROVED BY THE BOARD OF DIRECTORS AND SUBSEQUENTLY A COMMUNITY HEALTH
IMPLEMENTATION STRATEGY WAS ADOPTED IN FEBRUARY 2014.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 7: THE IMPLEMENTATION STRATEGY WHICH ADDRESSES
THE NEEDS FOUND IN THE CHNA HIGHLIGHTS FOUR AREAS OF WORK THAT WILL FOCUS
OUR STRATEGIC INITIATIVES TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY
HEALTH NEEDS ASSESSMENT, THEY INCLUDE: COMMUNICATION; STRUCTURAL ISSUES
THAT IMPACT ACCESS TO CARE; CLINICAL AREAS OF NEED; AND SOCIAL
DETERMINANTS OF HEALTH. (A COPY OF THE COMMUNITY HEALTH IMPROVEMENT
STRATEGY IS INCLUDED IN THE APPENDIX).

INITIATIVES ARE ALREADY IN PLACE TO IMPROVE COMMUNICATION BETWEEN PATIENTS
AND PROVIDERS, THESE INCLUDE:

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- RELATIONSHIP BASED CARE
- CENTER FOR HEALTH EQUITY
- LANGUAGE SERVICES PROGRAM
- DIVERSITY COLLABORATIVE

INITIATIVES THAT ADDRESS THE STRUCTURAL BARRIERS TO ACCESSING CARE

INCLUDE:

- CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION
- COMMUNITY AND POPULATION HEALTH MODEL
- NAVIGATION SERVICES
- EMERGENCY MEDICINE - PRIMARY CARE COORDINATION

FOR CLINICAL SERVICES THE HOSPITAL HAS IDENTIFIED EIGHT AREAS OF FOCUS,

THESE INCLUDE:

- ASTHMA AND COPD
- BEHAVIORAL HEALTH
- HEART DISEASE AND STROKE
- INFANT MORTALITY
- PREVENTION SCREENING
- OBESITY AND CO-MORBID METABOLIC SYNDROME
- ORAL HEALTH
- DIABETES

THE SOCIAL DETERMINANTS OF HEALTH THAT WILL BE TARGETED BY SAINT FRANCIS IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS INCLUDE HOUSING, ACCESS TO HEALTHY FOOD, SECURITY AND TRANSPORTATION. THESE SOCIAL DETERMINANTS WERE IDENTIFIED AS HAVING THE MOST SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

Part VI Supplemental Information

PART VI, LINE 2: SAINT FRANCIS HOSPITAL HAS PAIRED WITH THE THREE OTHER HOSPITALS LOCATED IN HARTFORD, MOUNT SINAI, CONNECTICUT CHILDREN'S MEDICAL CENTER, AND HARTFORD HOSPITAL, TO ENGAGE THE CITY OF HARTFORD HEALTH AND HUMAN SERVICES DEPARTMENT TO CONDUCT A COMMUNITY NEEDS ASSESSMENT. THE ASSESSMENT METHODOLOGY INCLUDED A NUMBER OF DATA GATHERING PROCESSES: REVIEW OF THE AVAILABLE SECONDARY DATA, INCLUSION OF DATA FROM A LOCAL HEALTH EQUITY INDEX AND TELEPHONE INTERVIEWS OF LOCAL KEY INFORMANTS.

SECONDARY DATA PROFILE FINDINGS:

HARTFORD IS A VERY DIVERSE (42% HISPANIC AND 37% AFRICAN AMERICAN), YOUNG (49% BETWEEN THE AGES OF 15-45), POOR (32% OF ALL PEOPLE BELOW THE POVERTY LEVEL) AND UNDER EDUCATED (32% OF 25 YEAR OLDS DID NOT GRADUATE FROM HIGH SCHOOL) CITY. THE UNEMPLOYMENT RATE IS 18% AND SAFETY IS A MAJOR CONCERN FOR RESIDENTS WITH RATES OF LARCENY, DRUG ABUSE, ASSAULT AND MURDER ALL HIGHER THAN STATE LEVELS. HEALTH ISSUES OF THE CITIES RESIDENTS INCLUDE HIGH RATES OF DIABETES, OBESITY, ASTHMA, DRUG ABUSE AND MENTAL ILLNESS. RATES OF HEART DISEASE AND CANCER ARE ON AVERAGE LOWER THAN THE REST OF THE STATE WHICH IS LIKELY DUE TO THE AGE OF THE CITY'S RESIDENTS.

KEY INFORMANT INTERVIEW FINDINGS:

RESULTS FROM THE KEY INFORMANT INTERVIEWS SERVED TO CLARIFY THE ISSUES THAT THOSE WORKING IN THE COMMUNITY SEE AS KEY COMMUNITY NEEDS. THE INFORMATION COLLECTED FROM THESE INTERVIEWS IDENTIFIED THE IMPORTANT HEALTH ISSUES AS DIABETES, OBESITY, MENTAL ILLNESS AND DRUG ABUSE ALL OF WHICH ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION PLAN.

ADDITIONALLY, KEY INFORMANTS FELT THAT NEIGHBORHOOD SAFETY WAS A MAJOR

Part VI Supplemental Information

CONCERN AS IS THE QUALITY OF HOUSING AND THE LIMITED NUMBER OF JOB OPPORTUNITIES.

QUALITATIVE DATA

DATA WAS GATHERED FROM COMMUNITY MEMBERS VIA FOCUS GROUPS; INFORMAL INTERVIEWS AND INTERACTIONS DURING COMMUNITY EVENTS. AS WELL AS QUESTIONNAIRES WITH PATIENTS IN THE WAITING ROOMS OF THE PRIMARY CARE CLINICS WERE ADMINISTERED TO LEARN ABOUT THE NEEDS PATIENTS SAW AS PRIORITIES.

PART VI, LINE 3: PATIENTS' ABILITY TO PAY FOR HEALTH CARE IS ASSESSED DURING THE INTAKE PROCESS. IF IT BECOMES CLEAR THAT THE PATIENT DOES NOT HAVE COVERAGE OR HAS MINIMAL COVERAGE THEY ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS THEIR CURRENT INCOME TO DETERMINE ELIGIBILITY FOR EITHER STATE ASSISTANCE OR HELP FROM SAINT FRANCIS CHARITY CARE DOLLARS.

IN AREAS OF THE HOSPITAL WHERE NEW PATIENTS ARRIVE: THE AMBULATORY CARE CLINIC, THE ADMISSIONS AREA, THE PEDIATRIC CLINIC AND THE EMERGENCY DEPARTMENT, SIGNAGE IS POSTED ABOUT THE FINANCIAL ASSISTANCE AVAILABLE TO ALL PATIENTS WHO QUALIFY. THIS INFORMATION OUTLINES, IN BOTH ENGLISH AND SPANISH, THE AVAILABILITY OF FINANCIAL COUNSELING AND ASSISTANCE FOR MEDICAL BILLS. ADDITIONALLY, A "PATIENT AND FAMILY INFORMATION NOTEBOOK" WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM. A PATIENT PASSBOOK IS BEING DEVELOPED WHICH WILL BE GIVEN TO EACH PATIENT AND CONTAINS FURTHER INFORMATION ABOUT FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED IN DISCHARGE MATERIALS. SAINT FRANCIS

Part VI Supplemental Information

DOES NOT TURN PATIENTS AWAY DUE TO THEIR INABILITY TO PAY.

FINALLY, PATIENTS WHO HAVE NOT BEEN FORTHCOMING IN THEIR NEED FOR FINANCIAL ASSISTANCE PRIOR TO THE DELIVERY OF HEALTH CARE SERVICES ARE PROVIDED WITH INFORMATION ABOUT OUR CHARITY CARE POLICY WHEN THEY RECEIVE A BILL FOR THE SERVICES RENDERED. THEY ARE ENCOURAGED TO TALK TO A FINANCIAL COUNSELOR TO DISCUSS A PAYMENT PLAN AND TO DETERMINE IF THEY ARE ELIGIBLE FOR STATE ASSISTANCE OR IF A PORTION OF THEIR BILL CAN BE "WRITTEN OFF" TO CHARITY CARE.

SAINT FRANCIS ALSO CONTRACTS WITH A COMPANY TO VISIT PATIENTS IN THEIR HOMES TO HELP THEM APPLY FOR STATE ASSISTANCE SO THAT THEY HAVE THEIR HEALTH COVERAGE IF THEY SHOULD NEED FURTHER ASSISTANCE. ADDITIONALLY, A DSS WORKER IS AVAILABLE ON-SITE FOR DIRECT ENROLLMENT INTO STATE AID PROGRAMS FOR WHICH PATIENTS QUALIFY. THIS POSITION IS FULL TIME AND HOUSED IN AN AREA OF THE HOSPITAL CLOSE TO THE AMBULATORY CLINIC (WHERE MOST PATIENTS WITHOUT COVERAGE ENTER THE HOSPITAL SYSTEM).

SPECIAL FUNDING IS AVAILABLE FROM PRIVATE RESOURCES TO HELP CLIENTS PAY FOR SPECIFIC HEALTH CARE SERVICES INCLUDING: MAMMOGRAMS, CARDIOVASCULAR SCREENING, BREAST BIOPSIES, PROSTATE CANCER SCREENING AND TREATMENT AND OTHERS.

THE FINANCIAL ASSISTANCE POLICY IS REVIEWED AS NEEDED. CLARIFICATIONS ABOUT THE CHANGES IMPLEMENTED DUE TO THE AFFORDABLE CARE ACT WERE INCORPORATED INTO THE POLICY IN JANUARY 2014.

PART VI, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SERVES

Part VI Supplemental Information

PATIENTS FROM ALL OVER CONNECTICUT, AND NATIONALLY. THE MAJORITY OF OUR PATIENTS COME FROM HARTFORD COUNTY, WHICH INCLUDES THE STATE CAPITAL, HARTFORD, AND THIRTY-FIVE SURROUNDING URBAN AND SUBURBAN COMMUNITIES.

HARTFORD IS THE CAPITAL OF THE STATE OF CONNECTICUT AND THE SEVENTH LARGEST CITY IN NEW ENGLAND. IT IS ONE OF THE OLDEST CITIES IN THE COUNTRY AND AT ONE POINT WAS ONE OF THE WEALTHIEST. THE POPULATION IN HARTFORD IS 125,000 WITH A PROPORTIONALLY YOUNGER AGE DISTRIBUTION THAN THE US OVERALL. THIS IMPACTS NUMEROUS ASPECTS OF HEALTH INCLUDING RATES OF SOME TYPES OF CANCER, VIOLENCE AND LEVELS OF UNINTENDED INJURY. OVER 70% OF CHILDREN IN THE HARTFORD PUBLIC SCHOOLS RECEIVED FREE OR REDUCED PRICE LUNCH. THE RATE OF INFANTS BORN LOW-BIRTH WEIGHT (LESS THAN 2500 G) IS 9.4%, WELL OVER THE NATIONAL AVERAGE OF 6.8%. HARTFORD IS AN URBAN COMMUNITY, THE MAJORITY OF HARTFORD RESIDENTS ARE MINORITIES WITH RESIDENTS REPORTING 42% LATINO (OF ANY RACE), 37% AFRICAN AMERICAN, 33% WHITE. A VERY LARGE PROPORTION OF LATINOS ARE FROM PUERTO RICO AND APPROXIMATELY 35% OF HARTFORD RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH.

MEDICAL SERVICES ARE READILY AVAILABLE IN HARTFORD WITH THREE MAJOR HOSPITALS INCLUDING A CHILDREN'S HOSPITAL, BUT ACCESS TO THOSE SERVICES VARIES WIDELY AMONG CITY RESIDENTS.

THE CONNECTICUT HOSPITAL ASSOCIATION PROVIDED SAINT FRANCIS WITH A COMMUNITY HEALTH PROFILE BASED ON DATA COLLECTED BY THE HOSPITAL ABOUT PATIENT SERVICES PROVIDED. THIS PROFILE INCLUDES THE METRO HARTFORD AREA WHICH IS QUITE DISTINCT FROM THE CITY OF HARTFORD. THIS POPULATION OF THIS AREA IS OVER 750,000 PEOPLE WITH 64% WHITE; 14% AFRICAN AMERICAN; 15%

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LATINO; 5% ASIAN. THE POVERTY RATE IS AT 11%. THE TOP FIVE HEALTH
CONDITIONS IDENTIFIED FROM INPATIENT DATA INCLUDE:

HIGH BLOOD PRESSURE

DEPRESSION

ALCOHOL AND SUBSTANCE ABUSE

HEART FAILURE

DIABETES

ADDITIONALLY, THE REPORT HIGHLIGHTS A NUMBER OF HEALTH ISSUES THAT IMPACT
BLACKS AND HISPANICS DISPROPORTIONATELY; THAT IS, THEY REPRESENT HEALTH
DISPARITIES FOR THESE GROUPS. INCLUDED ARE: TEEN PREGNANCY; HIGH RATES
OF LOW-BIRTH WEIGHT; HIGH INCIDENCE OF VIOLENCE, DIABETES, BREAST CANCER,
HIGH BLOOD PRESSURE AND SEXUAL TRANSMITTED DISEASES.

PART VI, LINE 5: THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES
THAT FOCUS ON IMPROVING THE HEALTH OF THE COMMUNITY OVERALL.

COLLABORATIVE EFFORTS WITH THE CITY HEALTH DEPARTMENT, THE STATE
DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF MENTAL HEALTH AND
ADDICTION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT
ORGANIZATIONS ARE NUMEROUS.

SAINT FRANCIS HAS A LONG TRADITION OF PROVIDING FOR THE POOR AND THOSE
MOST IN NEED. THE WORK DONE BY THE FOUNDING SISTERS CONTINUES TO INFORM
AND INSPIRE THOSE WHO WORK AT SAINT FRANCIS. SOME SPECIFIC EXAMPLES OF
WORK BEING DONE IN THIS AREA INCLUDE:

THE MEN'S HEALTH INSTITUTE - WORKING TO DIAGNOSE AND TREAT PROSTATE CANCER
IN AFRICAN AMERICAN MEN

Part VI Supplemental Information

THE BREAST HEALTH CENTER - PROVIDING FREE MAMMOGRAM AND BREAST CANCER
TREATMENT SERVICES TO WOMEN IN NEED OF ASSISTANCE.

SAINT FRANCIS FOOD PANTRY AND EMERGENCY FOOD BANK - PROVIDING FOOD TO
FAMILIES IN NEED

LET'S NOT MEET BY ACCIDENT - TEEN VIOLENCE PREVENTION

KISS - CT KIDS IN SAFETY SEATS

NURTURING FAMILIES NETWORK - TEEN PARENT SUPPORT PROGRAM

HEALTHY START PROGRAM - WORKING TO PREVENT INFANT MORTALITY

EMERGENCY FOOD BANK - PROVIDING FOOD TO FAMILIES IN NEED

MEDICAL LEGAL PARTNERSHIP - LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO
HAVE SPECIAL NEEDS

LEAD SAFE HOUSE - FREE HOUSING FOR FAMILIES IMPACTED BY LEAD POISONING

KEEP THE POWER ON - ASSISTANCE TO FAMILIES FOR PAYING UTILITY BILLS.

WOMEN'S HEART PROGRAM - FREE HEART HEALTH SCREENING AND ASSESSMENT

MEDICAL MISSIONS - SERVICES PROVIDED IN OTHER COUNTRIES FREE OF CHARGE

CHILDREN'S ADVOCACY CENTER - SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY
CHILD SEXUAL ABUSE

INTEGRATIVE MEDICINE - FREE MEDICAL SERVICES PROVIDED TO SUPPORT
TRADITIONAL APPROACHES OF CARE.

PEACE BUILDERS - PROGRAM TO DECREASE VIOLENCE IN THE CITY AND MONITOR THE
ED AFTER A SHOOTING

COMMUNITY ACCESS TO RECOVERY - SUPPORT FOR DRUG ADDICTED PARENTS AND
SPOUSES

DIABETES SUPPORT GROUP - SUPPORT FOR COMMUNITY MEMBERS WITH DIABETES

PART VI, LINE 6: THE ORGANIZATION IS NOT A PART OF AN AFFILIATED
HEALTH CARE SYSTEM.

Part VI Supplemental Information

PART VI, LINE 7: COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE OF THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT IS PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS POSTED ON THE WEBSITE FOR FULL VIEWING.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT